



Member Name: _____ **Social Security Number:** _____

Assigned Site: _____

Date of Enrollment: _____ **Date of Exit:** _____

Reason for Exit: _____ **For Cause** _____ **Personal Compelling** _____ **End of Term**

Each item below must be maintained in the Member File.

Item	Yes	No	My AmeriCorps Portal	Comments
Member Profile / Member Agreement				
Member Profile / Emergency Contacts / W-9 Form				
Health Care Acceptance/Waiver Form				Enrollment begins 10/1/08; ends 9/30/09
Child Care Acceptance/Waiver Form				Enrollment begins 10/1/08; ends 9/30/09
Member Agreement / Service / Position Description				
Schedule (Assignments may vary throughout the year)				
Enrollment				
AmeriCorps Member Application / /BOE Application				
CNCS National Service Enrollment Form				file original, copy to CNCS
Sub-Teacher's Certificate and Clearance ABI & DHR				file copy, original to DHR/results returned
Copy of Driver's License/ID (Photo)				documented for BOE I-9 Eligibility Verification
Copy of Social Security Card				documented for Butler County records
Birth Certificate/or Passport				documentation for Citizenship for CNCS
High School Diploma or GED / College Diploma				
College Transcripts (60 hrs. minimum) or WORKKEYS				No Child Left Behind REQUIREMENTS
A-4 Form				file copy, original to Accounting
W-4 Form				file copy, original to Accounting
I-9 Form (proof of citizenship)				
Signed Letter of Non-employment / Understanding				
Signed Acknowledgement of Living Allowance				
Signed Confidentiality Form / Transportation Waiver				
Signed Drug-Free Workplace Agreement				
Signed Universal Precautions Agreement				
Signed Technology/Internet Use and Ethics Code				
Signed Butler County Code of Conduct				
Signed Grievance Procedure Form				
National Sex Offender Public Registry Check				CNCS REQUIREMENT effective 2007
Service/Training				
Monthly Notification Letter (Service Logs)				
Signed Service Site Agreement				
Member Training Check-off				
Copy of Teacher Aid / CPR & First Aid certification				
Mid-term Performance Evaluations				
End of Term Performance Evaluations				
Exit				
End of Term/Exit Form				file original, copy to CNCS
Supplemental Documentation (if applicable)				
Change of Status Form				file original, copy to CNCS
Documentation of Compelling Personal Circumstance				
Documentation of Written Disciplinary Measures				
SERVICE GEAR RECEIVED: _____ Gray A.C. Shirt/Sweatshirt _____ A.C. Cap _____ Service Pin				

Member File Checklist

**AmeriCorps Instructional Support Team
Butler County Board of Education
FY 08-09 (October 1, 2008 - September 30, 2009)**

Year Twelve
Grant # O4ACHAL0010001
